



COMMONWEALTH OF VIRGINIA

DEPARTMENT OF HUMAN RESOURCE MANAGEMENT

SARA REDDING WILSON
DIRECTOR

James Monroe Building
101 N. 14th Street
Richmond, Virginia 23219
(804) 225-2131
(V/TDD) (804) 371-7671

To: Extended Coverage Participants

From: Charles Reed, Associate Director
State and Local Health Benefits Programs

CC: All OHB

Date: April 9, 2002

Open Enrollment and Changes to Your Health Benefits for July 1

- **Open Enrollment is April 15 through May 15 . . .** This is the period when you may change plans or membership category for a July 1, 2002 effective date. **You may also choose to do nothing** and remain in your current plan at your current membership level. To make a change, complete and mail the enclosed Extended Coverage Enrollment Form prior to May 15 to the new health plan you have selected. If you are changing plans, please notify your current plan of the change.
- **CIGNA and Optimum Choice Plans No Longer Available . . .** CIGNA HealthCare of Virginia, Inc. and Optimum Choice, Inc. have notified the State Health Benefits Program that they will no longer participate as of July 1. If you are a member of the CIGNA HMO or Optimum Choice Standard Option HMO, Standard Option POS or High Option POS plans, you may select another plan and membership **or do nothing** and be enrolled automatically in the standard Key Advantage plan.
- **Benefit Changes and New Plan Identification Cards...** Key Advantage and the regional HMO and POS plans will have some copayment or coinsurance changes beginning July 1. The changes for Key Advantage and the regional plans are described on pages 2 and 3. New plan ID cards will be mailed in June to any participant changing plans and members of all plans affected by benefit changes. Key Advantage participants will receive a new plan ID card even if they take no action during Open Enrollment. Current Cost Alliance participants will not receive a new plan ID card since there are no benefit changes to Cost Alliance.

- **Compare the Plans . . .** See the enclosed Comparison of Benefits brochure for a summary of benefits for each plan offered. If you have questions about plan benefits, please visit the individual plan's Web site or contact the plan's Member Services department. A list of plan telephone numbers and Web sites is on page 4.
- **Select a Primary Care Physician (PCP) if you are changing plans. . .** To receive benefits at the highest level of coverage for the Key Advantage and Aetna POS plans, you must select a new PCP if you change plans, even if it is the same PCP you had in your previous plan. If you fail to select a PCP for Cost Alliance or the regional HMO plans, you will have no coverage except for a life-threatening emergency. Call the plan directly to select your PCP. See the plan information on page 4.
- **New Rates . . .** Enclosed are monthly rates for Extended Coverage effective July 1, 2002.

Key Advantage Changes Beginning July 1

Service	Current Key Advantage	Key Advantage Starting July 1
• <i>PCP Copayment</i>	• \$15	• \$20
• <i>Specialist Copayment</i>	• \$25	• \$30
• <i>Hospital Inpatient Copayment</i>	• \$200 per confinement	• \$300 per confinement
• <i>Hospital Outpatient Copayment</i>	• \$75 per visit (waived if admitted to hospital)	• \$100 per visit (waived if admitted to hospital)
• <i>Prescription Drug Copayments</i> • <i>Retail Pharmacy</i>	• \$15 for up to 34-day supply • \$30 for 35-90-day supply	• \$17 for up to 34-day supply • \$34 for 35-90-day supply
• <i>Home Delivery Service (Mail Order)</i>	• \$23 for up to 90-day supply	• \$25 for up to 90-day supply
<i>Optional Vision Benefits (Key Advantage With Expanded Benefits Only)</i>	Plan pays once every 24 months: • \$50 for eyeglass frames • \$35 for single vision lenses • \$50 for bifocal lenses • \$70 for trifocal lenses • \$100 for contact lenses	Plan pays once every 24 months: • \$75 for eyeglass frames • \$50 for single vision lenses • \$75 for bifocal lenses • \$100 for trifocal lenses • \$100 for contact lenses

There are no benefit changes to Cost Alliance.

Benefit Changes to the Regional Plans Starting July 1, 2002
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Aetna POS	Aetna HMO	Piedmont Community HMO-POS	Kaiser Permanente HMO
Three-tier outpatient prescription drug program: Up to 30-day supply at retail pharmacy Tier 1: \$5 Tier 2: \$15 Tier 3: \$30 Up to 90-day supply at mail service Tier 1: \$10 Tier 2: \$30 Tier 3: \$60	Three-tier outpatient prescription drug program: Up to 30-day supply at retail pharmacy Tier 1: \$5 Tier 2: \$15 Tier 3: \$30 Up to 90-day supply at mail service Tier 1: \$10 Tier 2: \$30 Tier 3: \$60	Copayments increase from \$10 to \$15 for: <ul style="list-style-type: none"> • PCP office visit and Specialist visit • Routine gynecological annual exam • Per visit to urgent care center 	Copayments for PCP and Specialist office visits are no charge for children under 3 years of age
		Copayment increases from \$50 to \$100 per emergency room visit for outpatient hospital visit (for urgent care or life-threatening emergency)	
Copayment increases from \$50 to \$75 for outpatient hospital visit (for urgent care or life-threatening emergency)	Copayments increase from \$10 to \$15 for: <ul style="list-style-type: none"> • PCP office visit and Specialist visit • Outpatient diagnostic tests and lab services • Routine gynecological annual exam 	Coinsurance increases from 10% to 20% for: <ul style="list-style-type: none"> • Inpatient hospital care • Outpatient diagnostic tests and lab services 	
	Copayment increases from \$50 to \$75 for outpatient hospital visit (for urgent care or life-threatening emergency)	Outpatient prescription drug copayments increase to: \$10 generic (from \$5) and \$20 per brand name (from \$15) for up to a 31-day or 100-unit supply \$20 generic (from \$10) and \$40 per brand name (from \$30) for up to a 90-day or 300-unit supply	

See the enclosed *Comparison of Benefits* for additional information on all plan benefits.

Visit the Web Sites Or Call The Plans For More Information

You may download plan information from the DHRM Web site, including the new monthly rates, Extended Coverage Enrollment form, and Comparison of Benefits brochure at www.dhrm.state.va.us/hbenefit.htm.

Call these companies or visit their Web sites to obtain more information about the plans.

AETNA U.S. HEALTHCARE, INC.
1-800-323-9930
www.aetnaushc.com/custom/cwva

PIEDMONT COMMUNITY
HEALTHCARE INC.
1-888-674-3368
www.pchp.net

TRIGON BLUE CROSS
BLUE SHIELD
(804) 355-8506 or 1-800-552-2682
<http://state.trigon.com>

MAGELLAN BEHAVIORAL HEALTH
(Mental health and substance abuse
services for Key Advantage and
Cost Alliance)
1-800-775-5138
www.magellanassist.com

KAISER FOUNDATION HEALTH
PLANS OF THE MID-ATLANTIC
STATES, INC.
(301) 468-6000 or 1-800-777-7902
www.kp.org/ehealth/mida/commonwealthofvirginia

Enclosures: Monthly Premiums for 7/1/02
Extended Coverage Enrollment Form
Comparison of Benefits brochure

Notice on Women's Health and Cancer Rights

In the case of a participant who is receiving benefits under the state's health benefits plan in connection with a mastectomy, and elects breast reconstruction, the coverage will be provided in a manner determined in consultation with the attending physician and the patient for:

- Reconstruction of the breast on which the mastectomy has been performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses and treatment of physical complications during all stages of the mastectomy.